LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period $\frac{O3/O1/2010}{fmn/8d9yyyy}$ to $\frac{O6/30/2010}{(mn/8d9yyyy)}$

	Name and Titlé		Signati
8/25/10	to saling Cox, Director of tracilities		Resolved Cx
			SUBMITTED BY:
	report deadline.	- Reminder e-mail about annual report dead	- Reminder
ir program in the coming year? (attach additional sheets if	to better assist you with your program	What suggestions do you have for the Department of Industrial Relations to better assist you with you necessary)	What suggestions do you h necessary)
455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102	455 Golden Gate		
DIR, Office of the Director, Attn: LCP Special Assistant,		No If No, complete the information below, sign the form and submit to	₹
	age	Yes If Yes, proceed to item 6 on the next page	Please check one:
	12 months in the reporting period?	5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?	5. Did LCP perform any I
Tax (559) (A5-4108		A 93037 Prane (55	Madera, CA 93637
e-mail: cox-remadera. x12.a.v.	·	Director of Facilities Planning & Construction Mgnt 1205 s. Maderia Ave	Theore of
	l, if available):	4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):	4. Contact person (include nan
3/9/2010	3. Date of Initial Approval: 3/c	2. LCP I.D. Number (assigned by DIR): <i>る</i> の1の,00048	2. LCP I.D. Number (assig
* *	ified school District	1. Name of Labor Compliance Program (LCP): Madera Unified School District	1. Name of Labor Compli